FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)													
			Office use only										
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyir the lines	ıg, type	12F	E4M5	5					
Texas Freedo	om Fund					ш					ш		
						ш					ш		
ADDRESS (number and	d street)	104 East Hume Av	enue 								ш		
(Check if add	dress		ш			ш		11	ш		ш		
is changed)		Alexandria			ш	L V	4	Ш	2230	<u> </u>	ш		
COMMITTEE'S E-MA	All ADDDESS		CITY				STATE			ZIP CODE 📥			
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COMMITTEE'S WEE	B PAGE ADDRE	SS (URL)											
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COMMITTEE'S FAX 703-683-7500	M / D D	/ Y Y Y O O O O											
3. FEC IDENTIFIC	ATION NUMBER	3	C C00	340661									
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)													
I certify that I have exar Type or Print Name of		nt and to the best of my k	nowledge an	d belief it is tr	ue, correct a	and compl	ete						
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Signature of Treasure	er Electronical	ly Filed by Sally Do	wns			Date	0	4 /	0 4	/ Y	20	0 6	
NOTE: Submission of t		incomplete information n	-		_				of 2 U.S.C	. S437g			
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commis 0-424-9530				FEC F	FORN d 02/200			